

# Life, Annuity, Credit Transmittal Document (Revised 1/1/06)

<b>1.</b>	<b>Prepared for the State of</b>					
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<b>2.</b>	<b>Department Use Only</b>				
	<b>State Tracking ID</b>				

  

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>

  

<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>

  

<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>			
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<b>7.</b>	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input type="checkbox"/> Small and Large         </div> <div style="width: 50%;"> <input type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div> </div>
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<b>9.</b>	<b>Type of Insurance</b>			
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>			
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<b>11.</b>	<b>Submitted Documents</b>	<div> <input type="checkbox"/> <b>FORMS</b>  <input type="checkbox"/> Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate  <input type="checkbox"/> Application/Enrollment      <input type="checkbox"/> Rider/Endorsement      <input type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      <input type="checkbox"/> Other         </div> <div> <b>Rates</b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate         </div> <div> <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>          Please explain: _____         </div> <div> <b>SUPPORTING DOCUMENTATION</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div> </div>
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12.	<b>Filing Submission Date</b>		
13	<b>Filing Fee (If required)</b>	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	<b>Date of Domiciliary Approval</b>		
15.	<b>Filing Description:</b>		

16.	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date _____</p>	

17.	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	<b>Rate Filing Attachment</b>			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			%	
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	